

OPERATIONAL PLAN REVIEW APPLICATION
Washoe County Health District
Regulations of the Washoe County
District Board of Health Governing Food Establishments

NAME OF ESTABLISHMENT _____ **PERMIT NUMBER** _____

ADDRESS _____ **CITY** _____ **ZIP** _____

PERSON TO CONTACT _____ **DAYTIME PHONE** _____

I am submitting an Operational Plan for (select all that apply):

- Barbeque
- Bed & Breakfast
- Portable Unit for Service of Food, Operation of Pool Decks
- Outdoor Food Establishments
- Food Establishments with Catering to include those providing meals to School Kitchens
- Satellite Food Distribution Facilities with more than one drop off location

Will process be used at more than one location? Yes No

If yes, list name(s) and permit number(s) _____

Will product be served at more than one location? Yes No

If yes, list name(s) and permit number(s) _____

How will the product be sold? (Select all that apply): Retail Wholesale

***Note:** [The Operational Plan - Initial Review Fee](#) must be paid in full and an Operational plan containing all of the required documentation as outlined in the WCHD *Checklist for General Operational Plan Requirements* and the applicable process specific checklist must accompany this application. Failure to submit required documentation may result in the rejection of the proposed Operational plan.

Signature _____

Date _____